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6.0 GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS

6.1 Children with special needs include, but are not limited to, those which are:

- Gifted
- Physically handicapped
- Audio-visually disabled
- Mentally retarded
- Chronically ill (having asthma or other conditions, including epilepsy, heart and kidney problems)
- Required to have special diets
- Emotionally and perceptually disabled

6.1.1 No child who meets the basic age and eligibility requirements may, solely on the basis of handicap, be excluded from programs when reasonable accommodation can be made to meet the special needs of the child.

6.2 The goal of CDPs is to provide services to special needs children without limiting or seriously impacting the availability of child care. Any special needs child enrolled in full-day care or regular part-day care (CDC or FCC) must provide documentation of participation in the Exceptional Family Member Program (EFMP) as evidenced by BUPERS (Pers-662D) letter of acceptance.

6.3 The ability of a program to reasonably accommodate a special needs child will be determined locally.

Enclosure (1)

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6.4 A team of cognizant personnel shall make an assessment and report to the commanding officer on the program's ability to accommodate a special needs child.

6.4.1 The team should include, but is not limited to:

- Program administrator
- CDC director
- FCC coordinator/monitor
- MWR director
- EFMP officer
- Medical personnel
- Family counselor

6.4.2 The report to the commanding officer should include:

- A statement from the child's physician specifying the child's requirements in terms of diet, medication, appliances, communication aides, and self-care assistance and a coordinated treatment strategy developed by personnel familiar with the child's treatment. (A copy of this statement should be kept on file in the child's records.)
- The impact of required accommodations on the CDP.
- Special accommodations which the facility/home and staff must make to accept the child.

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- Specific training required to ensure the child's safety and well being (this training must be accomplished prior to placement as a pre-condition to providing care for special needs children).
- 6.5 The results of the assessment should be reported to the commanding officer who will determine if the accommodations are reasonable.
- 6.5.1 Accommodations include, but are not limited to:
- Ramps
 - Accessible bathrooms
 - Drinking fountains
- 6.5.2 The costs of providing such services may not be charged solely to the parents of the special needs child.
- 6.5.3 Such additional costs will be incorporated in the CDC's overall expenses and fee structure. Fees must remain within authorized ranges.
- 6.6 Parents must acknowledge in writing their understanding that the program is not responsible for providing the child with services beyond those typically offered enrolled children.
- 6.6.1 The commanding officer's decision to accept the child for care must be made in consideration that all the accommodating factors (Section 6.5) can be met without detrimental effect on programs for other children enrolled.

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6.6.2 If it is determined that accommodation of the special needs child would impose an undue hardship on the operation of the CDP, approval to not provide service must be requested through BUPERS (Pers-65), from ASN (M&RA) or designee.

6.6.3 The request shall include:

- Information on the overall size of the CDP
- The number of employees
- Number and type of facilities
- Budget
- Nature and cost of the required accommodation

NOTE: Examples of undue hardship are:

- Additional staff or staff training in highly specialized areas (e.g., physical therapy)
- Significant facility improvements or changes
- Additional equipment or other requirements that involve significant expenditures or impose an undue administrative or operational burden on the CDP
- Jeopardizing the safety of other children

6.6.4 A permanent record of the commanding officer's decision and BUPERS action will be maintained on file and will be subject to inspection review.

6.7 Navy CDC staff or FCC providers shall not provide individual or group therapy or perform medical procedures regardless of their individual qualifications.

6.7.1 Such services may be provided by other qualified agencies in the CDC or FCC home when approved by the Exceptional Family Member Case management team.

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- 6.8 Medication may be administered by CDC staff/FCC providers to any child attending a CDC or FCC home under all of the following circumstances:
- 6.8.1 Only topical and oral medications shall be administered.
 - 6.8.2 The determination is made that parent(s), family members or trained health professionals cannot be available to administer medication on schedule.
 - 6.8.3 Specifics of the type and schedule of medication should be discussed during the pre-admission conference based on information provided by the physician or other knowledgeable health care provider.
 - 6.8.4 In cases where the physician indicates a need for special instruction in techniques for administering medication, the CDC staff/FCC providers must be trained to administer such medication (e.g., by the base hospital).
 - 6.8.5 There is a minimum of two persons on staff who are designated to administer medication and knowledgeable of procedures or requirements. (In FCC the provider and the back-up provider shall be knowledgeable.)
 - 6.8.6 There shall be a written daily record of the date, type, time and amount of medication given and the signature of the person administering the medication.
 - 6.8.7 Medication shall be provided in the appropriate form and quantity by the parent(s) on a daily basis. No medications shall be maintained by the CDC or FCC provider beyond the current day of attendance.

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- 6.8.8 A signed statement from the prescribing physician shall be presented that certifies that the medication is necessary and provides information concerning the type, dosage, time(s) of day, and duration of the time medication is to be administered.
- 6.8.9 A written authorization from the parent(s) acknowledging the need and requirements to administer the medication shall be kept on file.
- 6.9 Parent(s) with children who have special dietary needs shall be provided with the CDC's/FCC home's menus in advance. It is the parents' responsibility to make appropriate substitutes when necessary.
- 6.10 Training in the care for and the understanding of children with special needs shall be included in the CDC/FCC training plan if care for special needs children is provided.
- 6.11 New construction and renovations of existing child development facilities shall include reduction of architectural barriers (e.g., exits, stairs, narrow doorways, and heads which cannot accommodate wheelchairs). The need to modify quarters shall be considered when determining the suitability of a FCC provider for a special needs child.
- 6.12 Liaison shall be established with a nearby medical facility capable of providing emergency support in the event of emergency. CDC staff and FCC providers must be knowledgeable in how to reach and obtain this help with minimum difficulty. Availability of emergency support shall be a factor in assessing the program's ability to care for a special needs child.